

P99000087959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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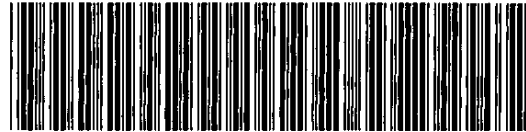
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ashley General, Inc

(Name of Corporation)

**DOCUMENT NUMBER:** P99000087959

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

c/o  
Melissa Crowe

L & J SCHMIER MGMT  
6111 Broken Sound PKWY NW  
Suite 350  
BOCA RATON, FL 33487

(Name of Contact Person)

Ashley General, Inc

(Firm/Company)

6111 Broken Sound Pkwy, NW Ste 350

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Crowe

(Name of Contact Person)

at ( 561 )

988-1982

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ashley General ,Inc.
2. The principal office address: 6111 Broken Sound Pkwy.NW , Ste. 350  
Boca Raton, Florida 33487
3. The mailing address (if different): \_\_\_\_\_
- ✓ 4. Date of incorporation/qualification: 10/05/1999 Document number: P99000087959

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Melissa Crowe

7777 Glades Rd., Ste 201

Boca Raton, FL 33434

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Melissa Crowe

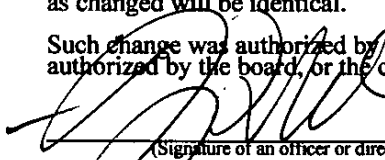
6111 Broken Sound Pkwy, NW Ste 350

(P.O. Box NOT acceptable)

Boca Raton, FL 33487

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Jeffrey L. Schmier  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

8/13/07  
(Date)

If signing on behalf of an entity:

Melissa Crowe

(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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